

Observation of Comfort Nursing in Patients with Acute Myocardial Infarction

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ABSTRACT Objective: To observe the effect of comfort nursing intervention in bedridden patients with acute myocardial infarction. **Methods:** 96 cases of acute myocardial infarction in our hospital were randomly divided into control group and observation group. In the control group, 48 cases were treated with routine nursing intervention, while bedridden patients in the observation group were given comfort nursing intervention. Comfort index and complications of two groups were observed and compared with the postoperative comfort index and complications. **Results:** The effect of patients with comfort care in observation group obviously interferes with the effect of routine nursing. The incidence of complications and mortality were significantly lower. The two groups had statistical significance ($p < 0.05$). **Conclusion:** Acute myocardial infarction patients with comfort care have significantly reduced rate of pain, rate of complication and mortality and trial in clinical bed time intervention.

KEYWORDS

Acute myocardial infarction
Bed-ridden period
Comfort nursing
Observation of curative effect

1. Introduction

Acute myocardial infarction (AMI) is caused by the bursting of myocardial capillaries or blockage of blood circulation in cardiovascular disease. After clinical diagnosis, nursing staff need to make timely and effective nursing rescue plan at their own discretion [1]. Clinical medical comfort and acute myocardial infarction patients' compliance gradually decreases due to long duration of hospitalization, further affects their quality of life and clinical treatment effect and the formation of adverse effects. Comfort care is gradually introduced into clinical nursing with clinical nursing mode. The nursing mode always adheres to patients' comfort as the first priority and also achieves very good application effect. Therefore, the need for nursing work and comfort care service is gradually increased. Here we refer to two aspects of comfort care: the physical and mental comfort. The purpose of this study is to com-

pare comfort care with conventional nursing and analyze the important significance of comfort nursing service. Comfort nursing care is a comprehensive, systematic, creative, personal and effective treatment as one of the new concept of nursing mode. Comfort nursing care maintains a subjective level of psychological care in a tense environment or physical restraint of the mental state [2]. A satisfactory clinical result was achieved in our hospital through the implementation of comfort care in acute myocardial infarction patients.

2. Materials and Methods

2.1. Clinical Data

From May 2009 to June 2012, 96 patients with acute myocardial infarction in our hospital were randomly divided into control group and observation group. Among 48 cases of the control group, 23 cases were male and 25 cases were female. Their age range was from 45.7 to 68 years old and the average age was (37 ± 5.3) years old. Among 27 cases of the observation group, there were 48 males and 21 females, their age range was from 42.6 to 70 years old and the average age was (35 ± 5.9) years old. There was no significant difference in age, gender and history in the two groups ($p > 0.05$), and it has clinical comparability.

2.2. Nursing Method

Control group: Electrocardiograms (ECG) of patients were

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obtained after admission. Blood pressure was measured and blood samples were collected. The bedridden period was 3–7 days. During the time period, appropriate care was provided for patients and emergency medicine and equipment were prepared. The patients' diet, oxygen, vital signs and digestion were observed [3].

Observation group: Specific and targeted comfort care program were formulated: (I) Environmental comfort nursing: In the routine nursing program, the corresponding increase of micro care was measured. The patients were placed in 24 h full service monitoring room, keeping the temperature and humidity within a comfortable range, and giving ECG, oxygen machine, while the blood pressure, body temperature, and Sp (O₂) were monitored for 2–7 d. Environmental ventilation was efficient, the lighting was appropriate, the nursing station is relatively closed to provide essential help for the sick. In the ward, a warm wall picture was hung and warm colored curtains were added. To improve the general feeling of the sick home, indoor temperature should be adjusted according to the patient's need and smoking must be prohibited [4]. (II) Comfortable nursing of body position: During bedridden period, supine posture, a soft pillow should be tied to the abdomen with appropriate height of 7–10 cm. After one day, adjust the position according to the patients' condition. At the same time, auxiliary massage should be given to improve and promote blood circulation and to prevent thrombosis caused by blood vessel infarction. (III) Comfort nursing: The nursing staff should assist the patient with complete diet, defecation, washing, turning over and other daily activities. Patients with multiple diseases accompanied by angina and respiratory discomfort should be given a muscle injection of morphine. After the symptoms of chest pain are relieved or disappear partly, saline solution was given to improve the body surface water shortage caused by hypoxia and dryness. (IV) Positive comfort should be provided to the psychologically sensitive, fragile and anxious patients. The psychological communication should be taken as frequent measures by understanding the psychological characteristics and relieving patients' jittery mood. At the same time, the patients' families should be provided

with the relevant disease care knowledge, counseling and information to help patients with their confidence. This is so that patients can establish good mental health education and health education with physical and psychological comfort. Besides, the privacy of patients should be protected; nursing process is prone to complications and potentially dangerous behavior should be paid enough attention [5]. After surgery, soothing music should be played so that patients can divert their attention in order to reduce their pain. Nursing staff should also have good communication with the patients' families, so that patients are cared by the family but not disturbed.

2.3. Statistical analysis

All data were analyzed using SPSS 10.00 software for statistical analysis. The comparison of the results of the χ^2 test, $p < 0.05$ is statistically significant.

3. Results

3.1. Comfort Signs Index of Two Groups after Nursing

After comfort nursing and routine nursing, observation and comparison of the physical characteristics of the changes in the two groups are shown in Table 1. Two groups of nursing intervention, the observation group's improvement in backache, constipation, abdominal pain, upset feeling, tiredness and symptoms of discomfort were significantly improved than those in the control group. The result is compared with statistical significance ($p < 0.05$).

3.2. Comparison of complications and mortality after nursing in two groups

All the research subjects were treated in time and provided with nursing care and psychological communication. The two groups were compared on the incidence of pressure sores, falling out of bed and heart function (Table 2). After the treatment, the number of pressure sores, falling out of bed, heart function insufficiency and occurrence of deaths in the observation group were significantly lower than those in the control group. The results were statistically significant ($p < 0.05$).

Table 1. Comparison of comfort index after nursing in the two groups (case%).

Group	Backache		Abdominal pain and constipation		Upset		Fatigue discomfort	
	Yes	No	Yes	No	Yes	No	Yes	No
Observation group ($n = 48$)	15 (31.25)	33 (68.75)	12 (25.00)	36 (75.00)	6 (12.50)	32 (66.67)	14 (29.17)	34 (70.83)
Contrast group ($n = 48$)	29 (60.64)	17 (35.42)	25 (52.03)	23 (47.92)	20 (41.67)	28 (58.33)	31 (64.58)	27 (56.25)

Table 2. Comparison of postoperative complications and mortality in two groups (case%).

Group	Complications				Death
	Pressure sore	Falling out of bed	Heart function insufficiency	Arrhythmia	
Observation group ($n = 48$)	9 (18.75)	1 (2.08)	12 (25.00)	23 (47.92)	3 (6.25)
Contrast group ($n = 48$)	11 (22.92)	3 (6.25)	13 (27.08)	15 (31.25)	6 (1.25)

4. Discussion

Comfort nursing is a long-term, sustainable and detailed work from the nurses to patients, from physiological to psychological perspective. The condition of acute myocardial infarction patient is rapid, and it may easily produce complications. It is easy to have disputes between the nurse and patient, so it is necessary to introduce comfort care in nursing work [6]. The care of patients with acute myocardial infarction is very important in each hospital. It has a decisive effect on the recovery of patients in a short time. Care for the medical process is the important link. If care is not up to standard, the disease may be extended or patient is unable to recover. Nursing staff should maintain a good communication with patients. Hospital should provide an excellent environment for the sick patients to improve recovering of patients and alleviate their pains [7]. Therefore, the nursing work with the hospital and the patient's vital interest is closely related. This study provided comfort care for patients with the disease, compared it with conventional care and provided a reference for the relevant work. Nursing care is based on the traditional care to enhance nursing behavior and strengthen the concept of holistic nursing process. The vital signs of patient are closely concerned with the patient's comfort and satisfaction, through psychological activities, postoperative complications and death rate. So, the patients with comfort care mode can achieve a more pleasant state, in order to shorten the length of hospital stay, reduce the incidence and promote the early recovery of health.

Comfort nursing mainly includes the following several theoretical perspectives: (I) Physiological comfort: The sensitivity of physical activity and physical comfort, and the influence of temperature, humidity, health conditions, noise, etc. (II) Psychological comfort: Such as the communication between doctors and patients, so that patients have psychological comfort and satisfaction. (III) Social comfort: The social relations between family and friends,

interpersonal relationship, school, occupation, etc. The soft, comfortable postures, auxiliary massage and a series of measurement greatly increased the comfort of patients during bedridden period. Thereby, it reduces symptoms in patients with malignant change, and reduces complications and deaths.

Acute myocardial infarction is a common disease with high incidence, high risk of infection and death. Prolonged bedridden period can produce muscle ache, swelling, irritability and lack of smooth blood flow. Hence, comfort care can improve the clinical nursing value and reach the highest level of nursing.

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